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36802 7590 05/31/2007

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Malinda E. Hallmark	(Depositor's name)
e-filed	(Signature)
August 21, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/603,429	06/24/2003	Zifei Wang	A03P1031	4308

TITLE OF INVENTION: SYSTEM AND METHOD FOR DETECTING CARDIAC ISCHEMIA USING AN IMPLANTABLE MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	08/31/2007

EXAMINER	ART UNIT	CLASS/SUBCLASS
KAMJUN, MICHAEL WILLIAM	3762	500-500000

<input type="checkbox"/> Change of correspondence address or indication of "Fee Address" (37 CFR 1.33); <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/17, Rev. 03/01, or more recent) attached. Use of a Customer Number is required.	1. For printing on the patent from page, but (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.
	1.....
	2.....
	3.....

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation in set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

PACESETTER, INC.

Sylmar, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 160068 (enclose an extra copy of this form).

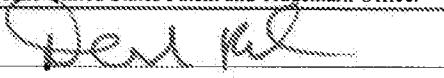
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date



Typed or printed name **Derrick W. Reed**

Registration No. **40,138**

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